



**Monica J. Lindeen**

Commissioner of Securities & Insurance  
Montana State Auditor  
840 Helena Ave. • Helena, MT 59601  
Phone: 406.444.2040 or 800.332.6148  
Fax: 406.444.3497 • Web: [www.csi.mt.gov](http://www.csi.mt.gov)

## **Individual License Renewal - Instructions**

**Please determine which of the following requirements apply to you and complete the renewal form.**

**Resident Producer License Renewal Requirements:**

1. Montana Insurance Continuing Education Licensee Written Certification form, CE-1.
2. No renewal fee or Individual License Renewal, form 1225 required.

**Resident Consultant License Renewal Requirements:**

1. Montana Insurance Continuing Education Licensee Written Certification form, CE-1.
2. Individual License Renewal form, 1225.
3. \$100 biennial license renewal fee.

**Resident Adjuster License Renewal Requirements:**

1. Montana Insurance Continuing Education Licensee Written Certification form, CE-1.
2. Individual License Renewal form, 1225.
3. \$100 biennial license renewal fee.

**Resident Surplus Lines Producer License Renewal Requirements:**

1. Individual License Renewal form, 1225.
2. \$100 biennial license renewal fee.

**Non-Resident Producer License Renewal Requirements:**

1. This license can be renewed electronically at [www.nipr.com](http://www.nipr.com).
2. Individual License Renewal form, 1225, not required if renewed electronically.
3. \$50 biennial renewal fee.

**Non-Resident Consultant License Renewal Requirements:**

1. No home state certification is needed, unless the licensee record is not in the NAIC PDB.
2. Individual License Renewal form, 1225.
3. \$100 biennial renewal fee.

**Non-Resident Adjuster License Renewal Requirements:**

1. No home state certification is needed, unless the licensee record is not in the NAIC PDB.
2. Individual license Renewal form, 1225.
3. 24 hours of continuing education in Montana or designated home state
4. \$100 biennial renewal fee.

**Non-Resident Surplus Lines Producer License Renewal Requirements:**

1. No home state certification is needed, unless the licensee record is not in the NAIC Producer Data Base.
2. Individual License Renewal form, 1225.
3. \$100 biennial renewal fee.

**Submit only one Individual License Renewal, form 1225; one Licensee Written Certification, form CE-1 (if applicable); and one check to renew any one or more of your licenses. Make the check payable to the Montana State Auditor. A check in the exact amount of the renewal fee(s) is required with each renewal form.**



**Monica J. Lindeen**

Commissioner of Securities & Insurance  
Montana State Auditor  
840 Helena Ave  
Helena, MT 59601

Phone: 406.444.2040  
800.332.6148  
Fax: 406.444.3497  
www.csi.mt.gov

## Individual License Renewal

**Name** \_\_\_\_\_

Please print or type

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Business Address \_\_\_\_\_

Check here if this is a new address \_\_\_\_\_ Street or physical address, city, state, and zip code

Mailing Address \_\_\_\_\_

Check here if this is a new address \_\_\_\_\_ Street or PO Box, city, state, and zip code

Residence Address \_\_\_\_\_

Check here if this is a new address \_\_\_\_\_ Street or PO Box, city, state, and zip code

Telephone Number: Business \_\_\_\_\_ Residence \_\_\_\_\_

Email Address \_\_\_\_\_

### Montana license number and fee for each license renewal

Non-resident Producer License # \_\_\_\_\_ Consultant License # \_\_\_\_\_

Fee (\$50) \$ \_\_\_\_\_ Fee (\$100) \$ \_\_\_\_\_

Adjuster License # \_\_\_\_\_ Surplus Lines License # \_\_\_\_\_

Fee (\$100) \$ \_\_\_\_\_ Fee (\$100) \$ \_\_\_\_\_

Check # \_\_\_\_\_ Total Fee(s) Enclosed \$ \_\_\_\_\_

Only one check per renewal form

NOTE: Failure to submit the required documents to the Montana Insurance Department on or before the lapse date/renewal date printed on your license may result in the loss of your license to conduct insurance business in Montana and the termination of your company appointments (if applicable).

**I certify that the above information is correct and true, that I have had no administrative, civil or criminal action taken against me by any legal entity or authority regarding licensure or fiduciary responsibility. If any action has been taken during the last 24 months a copy of the action is attached. I understand that a false statement is reason for license revocation, 33-17-1001, MCA.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant